

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2008</h2>		Application Number	10/637,433-Conf. #2610
		Filing Date	August 7, 2003
		First Named Inventor	William J. ALDRICH
		Examiner Name	S. B. Theriault
		Art Unit	2179
		Attorney Docket No.	MWS-059RCE
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$)	1,860.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Small Entity		Small Entity		Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
							Small Entity		
							Fee (\$)	Fee (\$)	
2. EXCESS CLAIM FEES									
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims							370	185	
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)		Multiple Dependent Claims	
								Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)		Fees Paid (\$)	
- 100 =		/50 =		(round up to a whole number) x					
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...									810.00
1253 Extension for response within third month									1050.00

SUBMITTED BY			
Signature	/Neslihan I. Doran/	Registration No. (Attorney/Agent)	L0389
Telephone	(617) 227-7400		
Name (Print/Type)	Neslihan I. Doran	Date	February 28, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: February 28, 2008	Electronic Signature for Neslihan I. Doran: /Neslihan I. Doran/